

## PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Atty. Docket No. 99-26



Inventor(s): BOWEN et al.

Appln. No.: 09/698,743

Conf. No.: 6821

Filed: October 27, 2000

Title: Method and Apparatus for Monitoring and Controlling a Medical Device

Examiner: Dawson, G.

Group Art Unit: 3761

Express Mail Label No. (if applicable): EL 997386227 US

This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee from the original due date of January 28, 2005 are as follows:

(check time period desired)

|                                     |                                       |                  |
|-------------------------------------|---------------------------------------|------------------|
| <input type="checkbox"/>            | One month - 37 C.F.R. § 1.17(a)(1)    | \$ _____         |
| <input checked="" type="checkbox"/> | Two months - 37 C.F.R. § 1.17(a)(2)   | \$ <u>450.00</u> |
| <input type="checkbox"/>            | Three months - 37 C.F.R. § 1.17(a)(3) | \$ _____         |
| <input type="checkbox"/>            | Four months - 37 C.F.R. § 1.17(a)(4)  | \$ _____         |
| <input type="checkbox"/>            | Five months -37 C.F.R. § 1.17(a)(5)   | \$ _____         |

Less the previous extension fee of \$ \_\_\_\_\_ paid in papers dated \_\_\_\_\_, which were filed in the present application subsequent to the original due date.

- Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)
- A check covering the amount due of \$ \_\_\_\_\_ is enclosed (check no. \_\_\_\_\_).
- The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.

I am the  assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174

March 28, 2005

Date

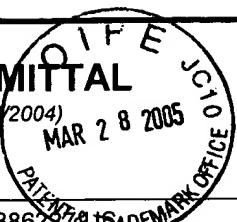
Signature

Michael W. Haas

Typed Name

# FEE TRANSMITTAL

(Effective 12/08/2004)



"Express Mail" Label No. EL 99738628

**TOTAL AMOUNT OF PAYMENT**

**\$ 450.00**

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/698,743       |
| Filing Date          | October 27, 2000 |
| First Named Inventor | BOWEN et al.     |
| Confirmation Number  | 6821             |
| Group Art Unit       | 3761             |
| Examiner's Name      | BOWEN et al.     |
| Attorney Docket No.  | 99-26            |

**METHOD OF PAYMENT**



The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

50-0558

Deposit Account Number

Respironics, Inc.

Deposit Account Name

Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20       Charge the Issue Fee set forth in 37 C.F.R. § 1.18

**2.  Payment Enclosed:**

Check (Check No. \_\_\_\_\_)

## FEE CALCULATION (fees effective 12/08/2004)

### 1. BASIC FILING, SEARCH, AND EXAM FEES

(Large Entity Only)

| Appln. Type | Filing Fee(\$) | Search Fee(\$) | Exam Fee(\$) | Fees Paid |
|-------------|----------------|----------------|--------------|-----------|
| Utility     | 300            | 500            | 200          |           |
| Design      | 200            | 100            | 130          |           |
| Plant       | 200            | 300            | 160          |           |
| Reissue     | 300            | 500            | 600          |           |
| Provisional | 200            | 0              | 0            |           |

**SUBTOTAL (1)** **\$ 0.00**

### 2. CLAIMS

|              | Extra Claims | Fee from Below  | Fee Paid |
|--------------|--------------|-----------------|----------|
| Total Claims | 12           | - 47 * 0 x 50 = | 0.00     |
| Ind. Claims  | 7            | - 9 * 0 x 200 = | 0.00     |

Multiple Dependent Claims add

360 =

0.00

\* Enter Highest Number Previous Paid For

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description   |
|-----------------------|-----------------------|---|
| 1202 50               | 2202 25               | Claims in excess of 20                                  |
| 1201 200              | 2201 100              | Independent claims in excess of 3                       |
| 1203 360              | 2203 180              | Multiple dependent claim                                |
| 1204 200              | 2204 100              | Reissue independent claims over original patent         |
| 1205 50               | 2205 25               | Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2)** **\$ 0.00**

**SUBTOTAL (3)**

**\$ 450.00**

### SUBMITTED BY

|                       |   |      |                |                        |         |
|-----------------------|---|------|----------------|------------------------|---------|
| Typed or Printed Name | Michael W. Haas   |      |                | Reg. Number            | 35,174  |
| Signature             |  | Date | March 28, 2005 | Deposit Account Number | 50-0558 |